

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No. HUBR-1067.3 D  
First Inventor or Application Identifier SEIDEL, et al  
Title METHOD FOR DETERMINING EARLY HCV SEROCONVERSION  
Express Mail Label No. EL642116200US

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification (preferred arrangement set forth below) Total Pages 21
- Descriptive title of the invention
  - Cross References to Related Applications
  - Reference of Microfiche Appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) Total Sheets
4. ☒ Oath or Declaration Total Pages 3
- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 C.F.R. §§  
1.63(d)(2) and 1.33 (b)
5. ☒ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or  
declaration is supplied under Box 4b, is considered to be a part of the  
disclosure of the accompanying application and is hereby incorporated by  
reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☒ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. §3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ \*Small Entity Statement(s) (PTO/SB/09-12) ☐ Statement filed in prior  
application, Status is proper and  
desired
15. ☐ Certified Copy of Priority Document(s)
16. ☒ Other: Check For Filing Fee

**\* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY  
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF  
ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)**

## 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08/892,704

Prior application information: Examiner: D. Wortman Group / Art Unit: 1648

## 18. CORRESPONDENCE ADDRESS

☐ Customer Number or bar code label (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

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Signature *Norman D. Hanson* Date

1201-84


<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	To be assigned
	Filing Date	Herewith
	First Named Inventor	SIEDEL, et al.
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	HUBR-1067.3

**FEE CALCULATION**

(1)	(2)	(3)	(4)	(5)
FOR: Large entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	10-20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	1 -3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	—
			<b>TOTAL FEES</b>	<b>\$710.00</b>

**METHOD OF PAYMENT**

- ☒ Please charge Deposit Account No. 50-0624 in the amount of \$ \_\_\_\_\_
- ☒ A check for \$710.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Date: 6/28/01
		<b>Deposit Account No. 50-0624</b>